



KINGSWAY GENERAL INSURANCE COMPANY

5310 Explorer Drive, Suite 200, Mississauga, Ontario L4W 5H8 • (905) 629-7888 • Fax: (905) 629-5008

Motorcycle PAC/ CREDIT CARD AUTHORIZATION

I/WE _____ authorize Kingsway General Insurance Company to finance MY/OUR premium for insurance.

Attached:

1. A cheque for down payment (25% of annual premium plus 3% service charge plus 5% PST)
2. A blank cheque marked "SPECIMEN" or "VOID"

The monthly payment will be drawn from my/our account in one month from the effective date of the policy and in 2 consecutive months (renewal premium will automatically be withdrawn on renewal date and next 3 consecutive months) until this agreement or the policy is cancelled.

BANKING INFORMATION: (If there is a change of Bank/ Financial Institution we require 10 days notice.)

BANK/FINANCIAL INSTITUTION: _____

BRANCH ADDRESS: _____

TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

BANK NO: _____ TRANSIT NO: _____ ACCOUNT NO: _____

Total Estimated Policy Premium(1) : \$ _____ Plus Service charge 3% _____ Plus 5% PST _____ Total: \$ _____

Downpayment Attached: \$ _____ Monthly payment: \$ _____ No of Payments 3

If there is a change in premiums due to a change in coverage or upon renewal, the amount of the monthly withdrawal will automatically be changed.

I/WE hereby give Kingsway General Insurance the irrevocable authority to cancel the policy at any time that an outstanding premium is unpaid or if any payment is not honored by my/our Financial Institution.

In the event, reinstatement is requested a charge of \$25.00 will be required. The Company will retain the right to refuse to reinstate any contract that has been terminated.

Signature (as it appears on the cheques): _____

Date: _____

CREDIT CARD AUTHORIZATION (FULL PAY PREMIUM ONLY)

Charge to my : VISA or MASTER CARD

Card number : _____ | _____ | _____ | _____ | Expiry date _____

Signature (as it appears on Card): _____

Date : _____

I/WE further agree that in consideration for Kingsway General Insurance permitting me to finance my premium through VISA or MASTER CARD, I hereby agree that Kingsway General Insurance may return any premiums to me simply by crediting my VISA or MASTER CARD account. If there is a change in premiums due to a change in coverage or upon renewal, the premium will automatically be charged to the credit card.

(1) I/We understand the above estimated policy premium may be amended to the insurer's manual premium for the risk.

BROKER NAME & NUMBER _____

POLICY NUMBER _____